

# REQUEST FOR TYPEWRITER REPAIR

Date: \_\_\_\_\_

TO: Director of Administration  
ATTN: CAAS-RM

NAME: \_\_\_\_\_

SECTION: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

TYPEWRITER  
MAKE/MODEL: \_\_\_\_\_

- ☐ FEDERAL  
☐ STATE

SERIAL NUMBER: \_\_\_\_\_  
(Federal or State OMR)

PROBLEMS:

\_\_\_\_\_  
(Do not write below this line)

DATE COMPLETED: \_\_\_\_\_

COMPLETED VENDOR WORK ORDER

- ☐ ATTACHED